Reset Form

WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

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Physician's Report Form 8/10

WCB Claim #

** Mandatory Information*

* WORKER INFORMATION

Last Name	First Name	Initial	Date of Birth (dd mm yyyy)

Street	City	Province	Postal Code	Health Card Number

Home/Cell Phone	Work Phone	Employer Name	Worker's Job Title/Occupation

* INJURY INFORMATION

Date of Injury: (dd mm yyyy)	Date of Visit: (dd mm yyyy)	Diagnosis: (specify body part)

Subjective Findings:	
Objective Findings:	

* RETURN-TO-WORK PLAN

Is the worker still working? ☐ Yes ☐ No

Are transitional duties available? ☐ Yes ☐ No ☐ Unknown

Expected return-to-work date (if applicable): ☐ Transitional ☐ Pre-injury (dd mm yyyy)

Current Work Capabilities: (definitions on back) ☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐ N/A

Are you aware of any pre-existing or current problems/barriers that may influence recovery? ☐ Yes ☐ No

If yes, please explain:

* TREATMENT PLAN

	Methodology/Goals	Timeframe
Treatment Plan		
Medications, referrals, tests, Xrays, MRI, etc.		
Follow-up Plan		

* PHYSICIAN CERTIFICATION

I certify that this is a complete and accurate report; that the fees charged are in accordance with the WCB Contractual Fee Schedule; that I have received no prior payment; and that I have read the reporting responsibilities on the back of this form.

Signature of Physician: _____ Phone Number: _____

Physician's Name: _____ Date: _____

Address: _____ WCB Physician #: _____

Physician's Report Instructions

Reporting Responsibilities

- This report
  a) must be legible – please type, or if printing do so clearly in blue or black ink.
  b) must be signed and mailed or faxed to the WCB.
  c) must be submitted within 5 business days after the worker's visit.
- WCB will not issue payment unless all mandatory information is provided

Work Capabilities – Definitions*

Transitional Duties

- A temporary change in or adaptation of the pre-injury work or schedule, based on the worker's capabilities.

Suitable Work

- A different job with duties within the worker's capabilities.

Work Classifications

The following are five work classifications used to describe the amount of physical effort required to perform a task or job. These classifications are referred to on various WCB forms, and are used by health care providers and the WCB to assist with planning treatments and return-to-work initiatives.

SEDENTARY Work

- Exerting up to 4.4 kg (10 lbs) of force occasionally and/or a negligible amount of force frequently.
  Example: An occupation where the worker sits most of the time, and only walks or stands for brief periods.

LIGHT Work

- Exerting up to 8.9 kg (20 lbs) of force occasionally and/or up to 4.4 kg (10 lbs) frequently and/or negligible amounts constantly.
  Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than sedentary.

MEDIUM Work

- Exerting up to 22.2 kg (50 lbs) of force occasionally and/or up to 8.9 kg (20 lbs) of force frequently and/or up to 4.4 kg (10 lbs) constantly.

HEAVY Work

- Exerting up to 44.4 kg (100 lbs) of force occasionally and/or up to 22.2 kg (50 lbs) of force frequently and/or up to 8.9 kg (20 lbs) of force constantly.

VERY HEAVY Work

- Exerting in excess of 44.4 kg (100 lbs) of force occasionally and/or in excess of 22.2 kg (50 lbs) of force frequently and/or up to 8.9 kg (20 lbs) of force constantly.

(*Adapted from The Medical Disability Advisor, Presley Reed, M.D., LRP Publications; and from the National Occupation Classification)